

INSTRUCTIONS FOR ACCIDENT & INJURY (A&I) TRACKING DOCUMENT

Below are instructions for entering this form into the electronic A&I Lotus Notes database.

PAGE 1 INSTRUCTIONS

1. **Created by:** Auto field populated by user ID
2. **Date Created:** Auto field populated by database
3. **Last Modified by:** Auto field populated by user ID each document is modified

4. **Date of Exam:** Enter actual date of examination
5. **Time of Exam:** Enter actual time of examination in military format: "00:00" Choose AM or PM

6. **Facility:** Choose facility from drop down menu
7. **JETS#:** Enter JETS# and click "Get Name" button to automatically populate other fields.
8. **Last Name of Youth:** Auto populate from JETS#
9. **First Name of Youth:** Auto populate from JETS#
10. **Race/Sex/DOB:** Auto populate from JETS#
11. **Dorm:** Choose youth's current dormitory from drop down menu
12. **SMI/MR:** Auto populate from JETS#

13. **Escorted to the infirmary by: (Last Name, First Name)**
Choose name from drop down menu. If not in menu, type in name using same format as menu.

14. **Ambulatory/Carried:** Choose appropriate box

15. **Escort/Facility Staff reports the incident was: (check all that apply)**
This section is completed by the contracted health care provider based on what the escort reports. Check all boxes that apply. If this is a sex related incident, be sure to mark the box "Sex Related Conduct". If this is an Accident, be sure to clarify whether or not the Accident is Sports-Related or Non-Sports Related. If the incident does not fit one of the established categories, choose Other and enter comments. **NOTE: BOXES MAY NOT BE IN THE SAME ORDER AS ON THE ACTUAL FORM. PLEASE PAY CLOSE ATTENTION WHEN CHOOSING THE CORRECT BOX.**

The YS data input person must enter what is written on the form in this text field. If nothing is written, and Other is chosen, it is the data input person's responsibility to retrieve the information for input.

16. **Reported date of incident by youth:** Enter date of incident
17. **Reported time of incident by youth:** Enter time of incident and choose AM or PM

18. **Reported location of incident by youth**
Building Name or Grounds area: This will be the building or area where the incident allegedly occurred. Choose a location from the drop down menu.
Specific area: This will be the specific location of the building or area in the reported location. Choose from the drop down menu.

19. **Youth reports the incident was: (check all that apply)**
This section is completed by the contracted health care provider based on what the youth reports. Check all boxes that apply. Follow same instructions as provided in 15. above for both the contracted health care provided and the YS data input person.

20. **Name of other youth involved:** Enter JETS# and click get button to left. Name will automatically populate.
21. **Name of other staff involved:** Choose name from drop down menu. If not in menu, type in name using same format as menu.

MEDICAL NOTES

22. **SUBJECTIVE (Youth's complaint and description of incident):** Enter subjective information provided by youth at time of exam.

The YS data input person must enter what is written on the form in this text field. If nothing is written, it is the data input person's responsibility to retrieve the information for input.

23. **OBJECTIVE (Medical personnel's description of physical presentation)**
Specific Injury: Choose injury from drop down menu
Objective Description: Medical personnel description of physical presentation
No observable Injury: If no injury is physically present, choose this box. The data input person must only check this box if it is checked on the hard copy form provided for input.
24. **ASSESSMENT (Medical examination of pertinent findings)**
Pertinent Findings: Choose findings from drop down menu
Assessment Description: Medical personnel text description of pertinent findings
No pertinent findings: If no pertinent findings, choose this box. The data input person must only check this box if it is checked on the hard copy form provided for input.
25. **PLAN (Medical treatment to be rendered, if any and follow-up planned):** Documented notes by medical personnel. The data input person must enter what is written on the form in this text field.
- Referred for Physician Assessment or No physician follow-up necessary:** Medical personnel to select what is applicable. The data input person must only check the box checked on the hard copy form provided for input.
26. **Check all findings that apply based on the above assessment:**
Reportable Injury: Choose the injury that is applicable based on the definitions provided for in policy.
27. **Waiting on Medical Determination:**
Check "Yes" if "Referred for Physician Assessment" box is checked and there is no Reportable Injury checked. Check "No" otherwise.
28. **Mental Health Counselor Notified:** If youth is SMI/MR, the MH counselor is to be notified.
If yes, time of Notification: Enter time of contact and AM or PM
Name: Enter the name of the MH Counselor contacted

NOTE: DEPENDING UPON THE REASON FOR THE EXAMINATION, THERE ARE TIME CONSTRAINTS ASSOCIATED WITH AN SMI/MR YOUTH'S MH COUNSELOR BEING CONTACTED:

- If a youth is being examined prior to placement in BMU **OR** placement on Protective Custody, the MH Counselor must be contacted to examine the youth within 3 hours of placement on BMU if the youth remains on BMU for that duration, **OR** within 3 hours of placement on Protective Custody.

29. **PHYSICIAN NOTIFIED / If yes, time of Notification: / Name:** Enter "Yes" or "No", the time the Physician was notified and AM or PM, and the Name of the Physician notified.
30. **Transport to Hospital:** Enter "Yes" or "No" depending upon whether the youth was transported or not.

- 31. Photographs Taken by Medical Staff:** Photographs shall be taken of all alleged victims and their injuries (youth or staff) , whether visible injuries are present or not, and on a daily basis upon examination. Youth may refuse to be photographed, which shall be noted on this portion of the A&I by checking “Refused”. Staff is to be photographed – no exceptions. Indicate whether or not a photo was taken and if the photo was of a youth or staff member.

Additional photographs may be necessary if undisclosed evidence of bruising or swelling is noted after initial notification to IS.

Photographs shall be taken in a designated area within the infirmary. The photographs shall consist of a front and back view of the youth and/or staff. The photographs are to be specifically directed to the area of alleged injury, using cloth drapes to cover any personal areas of the body that may be exposed.

Photographs shall be taken by medical personnel. If medical personnel are not available, a person designated by the RHA may take the photographs.

Each photograph shall be labeled with the following information:

- Youth’s name and JETS # / Staff name and title
- Date photograph was taken
- Time photograph was taken
- Name of person taking photograph

ALL PHOTOS TAKEN OF EITHER YOUTH OR STAFF ARE TO BE FORWARDED, ALONG WITH A COPY OF THE A&I, TO INVESTIGATIVE SERVICES AT THE FACILITY WITHIN 24 HOURS OF THE EVALUATION (EXCLUDING WEEKENDS/HOLIDAYS).

- 32. Does Examiner have cause to believe any of the following existed in this incident?**

Check off any that apply based on the definitions provided for in policy.

- 33. IS Hotline call offered to youth:** All youth are to be afforded an opportunity to contact the IS Hotline at the time of examination.

IS Hotline used by the youth at exam: Enter “Yes” or “No” depending on whether the youth uses the IS Hotline or not.

IS Hotline notified by healthcare staff: Enter “Yes” or “No” depending on whether the medical examiner contacts the IS Hotline to report alleged abuse.

NOTE: THE MEDICAL EXAMINER SHALL REPORT ALL ALLEGATIONS OF ABUSE TO THE IS HOTLINE BY CALLING 1-800-626-1430. THE MEDICAL EXAMINER SHALL IDENTIFY THEMSELVES BY NAME AND TITLE. THEY SHALL PROVIDE THE NAME, JETS # AND COMPLAINT OF THE YOUTH EXAMINED. THEY SHALL ALSO INCLUDE THEIR FINDINGS OF THE EXAMINATION. (NO INJURY, MINOR SWELLING, LACERATION, ETC.)

Date & Time of Notification: If medical staff did contact the IS Hotline, enter the date and time contact was made, and indicate AM or PM.

- 34. Does any of the above meet Mandatory Reporter (i.e. OCS) requirements of the Louisiana Children’s Code, which states “any mandatory reporter who has cause to believe that a child’s physical or mental health or welfare is endangered as a result of abuse or neglect or that abuse or neglect was a contributing factor in a child’s death shall report.....” (LA Ch. Code Article 609)**
Enter “Yes” or “No” based on the definition.

- 35. Youth Examined by:** Enter the medical personnel who examined the youth, along with their title.

FOLLOW-UP INFORMATION

36. **Patient Name / Patient # / Time / DOB / Today's Date:** The contracted health care provider shall enter the information on the youth examined.
37. **Date of Original A&I / Time of Original A&I / Date of Follow-Up / Time of Follow-Up:** When follow-up information is received on a youth based on #25 and #27 above, the date and time of the original A&I, as well as the date and time of the follow-up examination, along with AM or PM, are to be entered here by the contracted health care provider.
38. **Follow-Up Exam Results / Other Report:** The contracted health care provider shall type the information received on the follow-up report as it is written into this space.
39. **Required(s) overnight hospital stay:** The contracted health care provider shall enter "Yes" or "No" depending on whether or not the youth was admitted to the hospital as a result of this injury.

NOTE: YS data input personnel shall type the information received from the contracted health care provider on the follow-up report as it is written for questions 36. – 39. above.